
Medical Exemption Request

System: _____ System #: _____

School: _____ School #: _____

Assessment: Achievement Writing Gateway/ End of Course MAAS

Test Administration: Fall Spring Summer

School Level Completion

The following student was not present during any portion of the above TCAP Assessment for documented medical reasons.

Student Name: _____

Student Unique ID: _____ Student DOB: _____ Student Grade: _____

Teacher Name/Header Information: _____

School Test Dates: _____

Student Absent Dates: _____

Explanation of Emergency (Include name of hospital):

**Medical Exemptions
must be entered online as a
Report of Irregularity.**

Building Testing Coordinator: _____ Date: _____

Signature

Phone Number: _____ E-mail: _____

System Level Completion

I have verified with the Building Testing Coordinator that the above student was absent during the TCAP Assessment marked above for documented medical reasons. Please exclude him/her from our student count for participation rate calculations.

System Level Testing Coordinator: _____ Date: _____

Signature

Phone Number: _____ E-mail: _____

Complete this form for *each* student absent for documented medical reasons. Attach copies of supporting documentation. **DO NOT send student answer documents with this form.**

Submit the form in the **RI/Breach Envelope** to the appropriate Program Manager in the Office of Assessment, Evaluation and Research.

Medical Exemption Requests are subject to approval by the Tennessee Department of Education.